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Submitted by: ASSEMBLY CHAIR TRAINI,  
VICE CHAIR FLYNN, AND ASSEMBLY  
PUBLIC SAFETY COMMITTEE CHAIR  
HONEMAN

CLERK'S OFFICE

**APPROVED**

Prepared by: Municipal Clerk  
For reading: April 19, 2011

Date: 4-19-11

**ANCHORAGE, ALASKA  
AR NO. 2011-106**

**A RESOLUTION OF THE ANCHORAGE MUNICIPAL ASSEMBLY STATING ITS  
PROTEST REGARDING A RENEWAL OF A BEVERAGE DISPENSARY LIQUOR  
LICENSE #806 FOR NURA ABDUL HALIM dba OFFICE COCKTAIL LOUNGE, LOCATED  
AT 545 E. NORTHERN LIGHTS, AND AUTHORIZING THE MUNICIPAL CLERK TO TAKE  
CERTAIN ACTION.**

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WHEREAS, Nura Abdul Halim has made an application with the Alcoholic Beverage Control (ABC) Board and has paid the required fee for a Renewal of a Beverage Dispensary Liquor License #806, to be used for Office Cocktail Lounge, located at 515 E. Northern Lights, Anchorage, Alaska; and

WHEREAS, the Assembly must enter any protest to the ABC Board within 60 days following receipt of the application; and

WHEREAS, the Anchorage Municipal Clerk received a copy of this application on February 23, 2011 and has determined that the last day for the Assembly to file a protest is April 25, 2011; and

WHEREAS, the Assembly Meeting on April 19, 2011 is the last scheduled regular meeting of the Anchorage Assembly prior to the expiration of the protest period; and

WHEREAS, the Municipal Clerk reports the following status concerning this location:

1. Any ABC Board violations and/or incidents are on file that would lead to an ABC Board violation are attached;
2. There are taxes owing to the Municipality of Anchorage in the amount of **\$2,069.47.**

WHEREAS, protest by the Assembly is in order pending Municipal Clerk confirmation that outstanding items required for this location have been completed;

NOW, THEREFORE, THE ANCHORAGE ASSEMBLY RESOLVES:

Section 1. The Anchorage Assembly hereby enters its **PROTEST** for a Renewal of Beverage Dispensary Liquor License #806 until this condition is met:

- Taxes owing to the Municipality of Anchorage in the amount of **\$2,069.47** are paid in full.

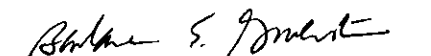
Section 2. A copy of this Assembly Resolution may be presented to the Alcoholic Beverage Control Board as proof that the Anchorage Assembly, as the local governing body, has stated its protest in order to allow the Director of the Alcoholic Beverage Control Board to hold processing of Beverage Dispensary Liquor License #806 under local protest, until receipt by the Director of confirmation from the Municipal Clerk that the conditions in Section 1 have been met, and this protest is lifted as authorized by this Assembly Resolution.

Section 3. The Anchorage Assembly hereby authorizes the Municipal Clerk, upon Municipal Clerk confirmation that all conditions in Section 1 have been met, to provide written notification to the Alcoholic Beverage Control Board that this protest by the Anchorage Assembly is lifted, without further action by the Assembly.

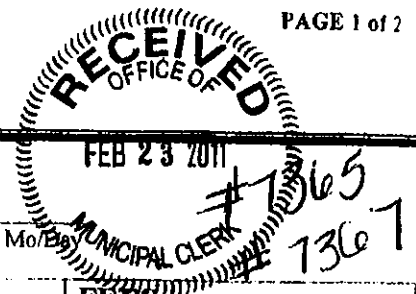
PASSED AND APPROVED by the Anchorage Assembly this 19<sup>th</sup> day of April, 2011.

  
Chair

ATTEST:

  
Municipal Clerk

## RENEWAL Liquor License Application



This application is for:

- Seasonal -- Two 6-month periods in each year of the biennial period beginning \_\_\_\_\_ and ending \_\_\_\_\_  
 Full 2-year period

Mo/Day

Mo/Day

SECTION A. LICENSE INFORMATION. Must be completed.		FEES
License Number:  <b>806</b>	Liquor License Type: <b>Beverage Dispensary</b>	License Fee: \$ <b>2500</b> -
	Local Governing Body: (City, Borough or Unorganized) <b>Anchorage</b>	Filing Fee: \$ 200.00
License Year: <b>2011   2012</b>	Has the license been exercised or active at least 30 eight-hour days during each of the two preceding calendar years? (AS 04.11.330(3))	Penalty Fee: (If applicable) \$ 500.00
Statute Reference <b>Sec. 04.11.090</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If No, your application will be denied unless a <i>Waiver of Operation</i> (form available) is approved by the Alcoholic Beverage Control Board.	Total Submitted: \$ <b>2700</b> -

Name of Licensee: <b>NUNA ABDUL-HALIM</b>	Street Address or Location of Business: <b>545 E Northern Lights</b>	Community Council Name(s) & Mailing Address: <b>Midtown &amp; Rogers Park</b>
Doing Business As (Business Name): <b>OFFICE COCKTAIL LOUNGE</b>	City: <b>Anchorage, AK 99508</b>	
Mailing Address: <b>545 E Northern Lights</b>	Business Telephone Number: <b>274-4042</b>	
City, State, Zip: <b>Anchorage, AK 99508</b>	Fax Number:	
<input type="checkbox"/> Check if this is a NEW mailing address	Email Address:	

SECTION B. RENEWAL INFORMATION		
Has the licensed premises been changed from the last diagram submitted? <input checked="" type="checkbox"/> Yes If yes, submit a new diagram <input checked="" type="checkbox"/> No	Has there been any change in ownership interest since the last application submitted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	PACKAGE STORE: Does this renewal include renewal of the notice required under AS04.11.150(a) to sell alcoholic beverages in response to written orders? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

SECTION C. Individual, corporate officer, director, limited liability organization member, manager or partner background.				
Does any individual, corporate officer, director, or limited liability organization member, manager or partner named in this application have any direct or indirect interest in any other alcoholic beverage business licensed in Alaska or any other state? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If Yes, complete the following. Attach additional sheets if necessary.				
Name	Name of Business	Type of License	Business Street Address	State

Has any individual, corporate officer, director, or limited liability organization member, manager or partner named in this application been convicted of a felony, a violation of AS 04, or been convicted as a licensee or manager of licensed premises in another state of the liquor laws of that state since the last application submitted?  
 Yes If yes, attach written explanation.  No

**ENTITY OWNERSHIP (Corporation/LLC/LP)**

Corporations, LLCs, LLPs and LPs must be registered with the Dept. of Community and Economic Development.

Name of Entity (Corporation/LLC/LLP/LP) (or N/A if an Individual ownership) Telephone Number: Fax Number:

N/A

Corporate Mailing Address:

Name, Mailing Address and Telephone Number of Registered Agent: Date of Incorporation OR Certification with DCED: State of Incorporation:

Is the Entity in compliance with the reporting requirements of Title 10 of the Alaska Statutes?  Yes  No If no, attach written explanation Your entity must be in compliance with Title 10 of the Alaska Statutes to be a valid liquor licensee.

**Entity Members (Must include President, Secretary, Treasurer, Vice-President, Manager and Shareholder/Member with at least 10%)**

Name	Title	%	Home Address & Telephone #	Work Phone #	Date of Birth

NOTE: On a separate sheet provide additional ownership/shareholder/member/director/officer information.

**INDIVIDUAL OWNERSHIP (Individual or Partnership)**

Individual Licensees/Affiliates (The ABC Board defines "Affiliate" as the spouse or significant other of a licensee. List each Affiliate.)

Name: <u>MURA ABDUL HALIM</u> Address: <u>1730 KATRINA CIRCLE</u> <u>ANCHORAGE AK 99508</u> Home Phone: <u>907. 338-3065</u> Work Phone: <u>907-250-3086</u>	Applicant <input checked="" type="checkbox"/> Affiliate <input type="checkbox"/> Date of Birth: <u>6-30-56</u>	Name: _____ Address: _____ Home Phone: _____ Work Phone: _____	Applicant <input type="checkbox"/> Affiliate <input type="checkbox"/> Date of Birth: _____
Name: _____ Address: _____ Home Phone: _____ Work Phone: _____	Applicant <input type="checkbox"/> Affiliate <input type="checkbox"/> Date of Birth: _____	Name: _____ Address: _____ Home Phone: _____ Work Phone: _____	Applicant <input type="checkbox"/> Affiliate <input type="checkbox"/> Date of Birth: _____

Restaurant/Eating Place Statement YES  NO  Gross receipts from the sale of food at the licensed premises constituted at least 50 percent of the gross receipts of the business during the 20 /20 calendar license years as required under AS 04.11.100(e).

**Declaration**

- I declare under penalty of perjury that I have examined this application, including the accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct and complete, and this application is not in violation of any security interest or other contracted obligations.
- I hereby certify that there have been no changes in officers or stockholders that have not been reported to the Alcoholic Beverage Control Board. The undersigned certifies on behalf of the organized entity, it is understood that a misrepresentation of fact is cause for rejection of this application and any license issued.
- I further certify that I have read and am familiar with Title 4 of the Alaska statutes and its regulations, and that in accordance with AS 04.11.430 no person other than the licensee(s) has any direct or indirect financial interest in the licensed business.
- I agree to provide all information required by the Alcoholic Beverage Control Board in support of this application.

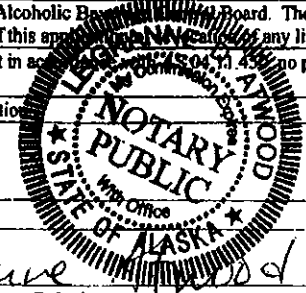
Mura Abdul Halim  
Signature of Licensee(s)

[Signature]  
Signature

Lighanne Wood  
Name & Title (Please Print)

[Signature]  
Notary Signature  
Notary Public in and for the State of Alaska

Subscribed and sworn to before me this 4<sup>th</sup> day of January, 2011  
My commission expires:



ENTITY INFORMATION

OR INDIVIDUAL INFO

**Content ID:** 010108**Type:** AR\_AllOther - All Other Resolutions

**Title:** A RESOLUTION OF THE ANCHORAGE MUNICIPAL ASSEMBLY STATING ITS PROTEST REGARDING A RENEWAL OF A BEVERAGE DISPENSARY LIQUOR LICENSE # 806 FOR NURA ABDUL HALIM dba OFFICE COCKTAIL LOUNGE, LOCATED AT 545 E. NORTHERN LIGHTS, AND AUTHORIZING THE MUNICIPAL CLERK TO TAKE CERTAIN ACTION. Assembly Chair Traini, Vice-Chair Flynn, and Assembly Public Safety Committee Chair Honeman.

**Author:** moserak**Initiating Dept:** Muni\_Clk**Prepared:** 4/8/11 9:04 AM**Assembly Meeting Date:** 4/19/11

<b>Workflow Name</b>	<b>Action Date</b>	<b>Action</b>	<b>User</b>	<b>Security Group</b>	<b>Content ID</b>
Clerk_Admin_SubWorkflow	4/8/11 9:31 AM	Exit	Amanda Moser	Public	010108
AllOtherARWorkflow	4/8/11 9:31 AM	Checkin	Amanda Moser	Public	010108